



WORKCARE

Company Profile Form

Please Complete and return to the client relations rep at the main clinic you will be using

PLEASE CHECK ALL WORK CARE LOCATIONS THAT WILL BE USED

Salt Lake

2390 S. Redwood Rd
SLC, UT 84119
801-975-1600
F. 801-975-1601

Layton

2084 N. 1700 West #D
Layton, UT 84041
801-773-3400
F. 801-773-3401

Orem

601 N. 1200 West
Orem, UT 84057
801-224-4211
F. 801-226-3482

Draper

12422 S. 450 East
Draper, UT 84020
801-748-1600
F.801-748-1601

Client Relations Rep:
Chris Garcia
ChrisG@workcareutah.com

CORPORATE INFORMATION

Company Name: _____
Billing Address: _____

CONTACT INFORMATION

Contact Person: _____
Title: _____
Phone: _____
Fax: _____

INJURY INFORMATION

Work Comp Ins. Co. _____
Their Address: _____

Policy #: _____

Post Accident Drug Screen: Yes No
Post Accident Breath Alcohol: Yes No
Authorization Required: Yes No

SPECIFIC REQUESTS

DISCHARGE INFORMATION

PHYSICAL INFORMATION

Pre Employment DOT Hazmat
 Respirator Asbestos

Report Results To: _____

Work Care Physical Forms Yes No

DRUG SCREENING INFORMATION

Please disregard when using own lab

Panel of Drugs to be tested for Non Mandated DS (\$30.00)

5 Panel
 7 Panel
 9 Panel
 10 Panel
 12 Panel

AFTER HOURS TESTING

Drug Screen Only
 Breath Alcohol Only
 Drug Screen and Breath Alcohol

Quick Tests (\$30): Yes No
Positive Results Reviewed (MRO \$40): Yes No
Breath Alcohol (\$25 + Confirmation Fee) Yes No

RESULT REPORTING OPTIONS

Email _____
 Secure Fax _____
 Mail Only _____

DOT Required Testing(\$40 with our lab) Yes No
DOT Requires NIDA 5 Panel for Testing
If using own lab which lab? _____
Collection Only \$20.00
Report DS Results To: _____

"YOUR PARTNER IN PROMOTING A SAFE AND HEALTHY WORKPLACE"